S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5243

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Jackson Rural Blue
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairmount, Kansas City
c. LENGTH OF STAY (in this place): 51 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 125 So Arlington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairmount Sta. Kansas City, Mo.
d. STREET ADDRESS (If rural, give location): 125 So Arlington Rural (Blue)

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) S c. (Last) Day

4. DATE OF DEATH: (Month) (Day) (Year) 2/17/49

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/16/1874

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR Months: 2 Days: 1 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Warrensburg, Mo.

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Ira A. Day

13b. MOTHER'S MAIDEN NAME: Mary Ann Wagner

14. NAME OF HUSBAND OR WIFE: Viola M. Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes Spanish Am.

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dr. Frank E. Day 1193 Van Brunt, Kan. C. Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pyo Nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**: **20. AUTOPSY?** YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**:

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐: **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan, 1937, *to* Feb 17, 1949, *that I last saw the deceased alive on* Feb 17, 1949, *and that death occurred at* 11:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John L. Heisler (Degree or title) M.D. **23b. ADDRESS**: Buckner, Mo **23c. DATE SIGNED**: 2/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: 2/21/49 **24c. NAME OF CEMETERY OR CREMATORY**: Mt. Washington **24d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: Feb-19-1949 REGISTRAR'S SIGNATURE: [signature] 354

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John P. Sheil Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 23 1949

MAR 23 1949

MAR 9 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed John P Shirk

Licensed Embalmer No. 3625

P. O. Address 56 Mo

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.